

## **US ARMY NONAPPROPRIATED FUND**

### **WORKERS' COMPENSATION CLAIM BENEFIT OPTIONS**

Workers' compensation benefits are provided to injured employees in accordance with Army Regulation 215-1, Chapter 14.

Employees entitled to receive workers' compensation benefits for illness or injury may elect to accept one of the following options in accordance with AR 215-3, Chapter 5.

**OPTION I.** Receive workers' compensation disability benefits from the claims administration service contractor supplemented with accrued sick leave up to an amount not exceeding your basic salary. This is accomplished by the payment of full sick leave benefits to the employee, with partial reimbursement (about 2/3) of the sick leave used through the employee's assignment of all workers' compensation temporary disability benefits.

I ELECT TO RECEIVE FULL SICK LEAVE BENEFITS AND HEREBY REQUEST THAT ALL WORKERS' COMPENSATION TEMPORARY DISABILITY BENEFITS BE MAILED TO ME AT:

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#### **NAF CIVILIAN PERSONNEL OFFICE ADDRESS**

I UNDERSTAND THAT MY SICK LEAVE BALANCE WILL BE CREDITED WITH THE APPROPRIATE NUMBER OF HOURS BASED ON THE AMOUNT OF MY WORKERS' COMPENSATION TEMPORARY DISABILITY BENEFITS. I WILL ENDORSE THE CHECKS RECEIVED FROM THE CLAIMS SERVICE CONTRACTOR.

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**EMPLOYEE'S SIGNATURE**

**DATE**

**OPTION II.** Receive only workers' compensation temporary disability benefits from the claims service contractor.

I ELECT TO BE PLACED ON LEAVE WITHOUT PAY FOR THE ENTIRE PERIOD OF ABSENCE DUE TO INJURY. I UNDERSTAND THAT IF COMPENSATION IS DENIED, I MAY BE PAID ON THE BASIS OF SICK OR ANNUAL LEAVE ACCRUED TO ME.

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**EMPLOYEE'S SIGNATURE**

**DATE**